

# AMERICAN MEDICAL TIMES

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## THE CRIMEAN WAR.

## THE BRITISH ARMY AND MISS NIGHTINGALE.

By CHARLES SHRIMPTON, M.D.,

Late Surgeon Major (French Army); late Surgeon-in-Chief of Field Hospitals, and of the Military Hospital, Setif, Algeria,

Svo. London, 1864.

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JAN 11 1864

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By GUNNING S. BEDFORD, A.M., M.D.,

Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics in the University of New York, Author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four Colored Lithographic Plates and ninety-nine Wood Engravings. One superb 8vo. volume of over 770 pages. Price \$4.50 by mail, free of postage. Third Edition, carefully revised and enlarged.

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*From the New York American Medical Times.*

No treatise on obstetrics has ever received such high and universal commendation by the Medical Press of this country and of Europe. In matter and arrangement, in philosophic views, in elegance as well as eloquence of expression, there is no work in the English language on the same subject which, in our judgment, can compare with it. Dr. Bedford's former work on the "Diseases of Women and Children," which received the high honor of a translation into the French and German languages, had already placed him among the most successful authors in this department.

*From the Boston Medical and Surgical Journal.*

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*From the New York American Medical Monthly.*

We have read this book from the first page to the last, and, truly, it is an honor to our country. The work, the more we study it, leads us the more to appreciate the amount of research and labor expended upon its production. We may proudly compare it with any similar foreign publication. The greatest fault we can find with the volume is, not that any portion of it is bad, but that some parts are so superlatively excellent that even the brilliancy of others is obscured. Hereafter, whether as student or practitioner, the obstetrician will need no other book, as instructor, guide, or authority, than Bedford's "Principles and Practice."

*From the Phila. Medical and Surgical Reporter.*

We have read no work on this subject for many years with so much unalloyed pleasure and profit. The style is plain, fresh—welling up from an exuberant fountain—compact. The whole book exhibits the careful preparation of the successful Teacher. The plan and arrangement of the work are at once comprehensive, systematic, complete—and fully posted to the existing state of the science.

*From the Edinburgh Medical Journal.*

The work is so good and so far exceeds the generality of text-books on obstetrics, that we wish our readers to be impressed with a sense of its soundness, readableness, and worth. We can, therefore, give Dr. Bedford's volume no higher praise than to say it is remarkable among its contemporaries, for soundness in scientific views, readableness as a literary composition, and worthy as a guide of practice.

*From the Glasgow Medical Journal.*

It was with considerable interest that we opened the imposing volume, which Dr. Bedford has given to the world. It has caused its author many an hour of thought and toil, which would otherwise, perhaps, have constituted the leisure of a busy life. We have read the work with great pleasure, and, as a practical guide, it is unsurpassed.

*From the British American Journal, Montreal.*

We congratulate Dr. Bedford on the success he has achieved. It is more than a success—it is a triumph. His book comes seasonably in, and supplies a want, as regards minuteness of practical detail, in which other works on this subject were deficient, excelling, possibly, but certainly rivalling, the great Treatise of Ramsbotham.

*From the Canada Lancet, Montreal.*

We do not wonder at Bedford's "Principles and Practice of Obstetrics" being adopted by so many colleges as a Text-Book; it would rather have surprised us had they not done so. We congratulate the author on his well-merited success.

*From the Lond. Brit. and For. Med.-Chir. Review.*

This book is a complete, systematic, and practical treatise upon obstetrics, brought up to the existing state of science, and embracing the ana-

tomy, physiology, and signs and diseases of pregnancy, parturition, and childbed. All these subjects, with the physiological disquisitions arising out of some of them, are discussed. Assuredly, so comprehensive a course was never, perhaps, before given. The volume is evidently the result of great labor and research, and contains a vast deal of information, and that of a recent kind, upon all subjects connected directly or indirectly with obstetric medicine.

*From the Gazette Medicale, Paris.*

A careful perusal of this Book has impressed us with unequivocal respect for the Author. The entire volume develops fine scholarship and abounds on every page with evidences of the most thorough research. The work is, indeed, an honor to American Medical Authorship, and may probably take its place by the side of our best European standard books on obstetrics.

*From the Chicago Medical Journal.*

The author deserves the thanks of the profession for having produced a national work of such unequivocal value. It is systematic without being cramped or rigid; it is comprehensive without being tedious; it is learned and exact without being pedantic and finical. We predict that the vast labor, extensive research, enthusiasm, and ability, which Dr. Bedford has lavished on this book will give it the very first place in the estimation of the profession.

*From the Cincinnati Lancet and Observer.*

This treatise should be in the hands of every physician and student in the land. It has no superior, and few, if any, equals, in any country. Progress is plainly written on every page. The author has presented us an originality, which is quite refreshing in these days of flunkeyism and imitation.

*From the Chicago Medical Examiner.*

Dr. Bedford has presented the profession with a very superior work, and we are deceived if we be not universally sustained in this opinion. It will be to the American practitioner an interesting as well as a profitable companion. As an American work we are proud of it, and most cordially recommend it as the Text-Book on Obstetrics.

*From the Cincinnati Medical and Surgical News.*

Dr. Bedford's book has had an unparalleled success which speaks volumes for the intelligence of the profession, as the author, we think, has given us a work of more intrinsic value than any other on the same subject now in existence. Any interruption while reading it is an annoyance, and we return to the mental feast as the hungry child to its interceded meal. The physician who does not procure a copy of this admirable book, and read it, will not only be deprived of a treat, but should be considered behind the times.

*From the Phila. North Amer. Medico-Chir. Review.*

The skillful obstetrician wields a ready pen on every page. The book is a complete treatise on the subject it discusses, and is very full in matters which are but lightly dwelt upon in works on obstetrics.

*From the Buffalo Medical and Surgical Journal.*

A book of unsurpassed excellence; we know of no treatise in which the vast subject of scientific and practical obstetrics has been so thoroughly discussed. It is the best work on obstetrics in the English language.

*From the Berkshire Medical Journal.*

This book comes from a high source. Dr. Bedford stands before the profession with authority in his department. His work displays, as would be expected from such a source, a thorough acquaintance with the literature of the subject, past and present, down to the very latest expedients, and the extensive practical knowledge of a popular obstetrician.

*From the N. Y. North Amer. Journal of Homœopathy.*

This book deals with accumulated facts, and profound generalizations, in which none but the clearest intellect, and the most critical observer can be perfectly at home in fineness of detail, lucidity of arrangement, and philosophical analysis. Dr. Bedford's volume will long stand as a model work, and will become the favorite text-book in the schools, as well as the most valued guide of the practitioner.

## Original Lectures.

### AMPUTATIONS IN

### GUNSHOT FRACTURES OF THE FEMUR;

BEING REMARKS MADE AT THE MEETING OF

THE SURGICAL SECTION OF THE N.Y. ACADEMY OF MEDICINE

Held Nov. 28, 1863.

By FRANK H. HAMILTON, M.D.,

PROF. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED. COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR, U.S.A.

#### LECTURE I—PART II.

Case 58.—Richard Merx, Corporal, 20th N.Y. Vols., was wounded at Fredericksburg, Va., May 4, 1863, by a ball which entered on the left side of the left thigh, and passed out through the groin, traversing in its course the trochanter major. Seven months after, when I saw this man, the wound was still discharging moderately, and several very small fragments of bone had escaped from time to time, which evidently came from the trochanter. The trochanter was comminuted, I think, as it is now much expanded; but the limb was probably never shortened, indeed there was never a complete separation of the shaft.

Case 5.—Henry Voger, private, 20th Mass. Vols., was wounded June 30, 1862, at White Oak Swamp, V., by a ball which entered the lower part of the femur, near the joint, in front, but it did not pass through, and has never been found. It probably remains in the bone. Three months after I saw the patient, and learned that only moderate inflammation had followed the injury, yet the knee was ankylosed, and the adjacent tissues somewhat thickened. The discharge of matter had ceased.

This was also a case of "perforation," the shaft of the bone not having been completely separated. My impression is that the ball entered just above the epiphysis, and probably it was not broken through into the joint.

Case 54.—Sergeant Louis Morell, ret. 19, 119th N. Y. Vols., was wounded by a ball which entered on the outside of the left leg, within one inch of the joint (capsule), and passed upwards and forwards emerging in front, but not entering the capsule of the joint. I saw this man four months after the injury. The wound still continued to discharge pus. Two small fragments of bone escaped on the tenth day. The leg is flexed upon the thigh at an acute angle, and fixed. He sits up and eats well, and no doubt will recover completely.

This was an example in which the ball merely made a groove in the side of the bone.

#### FRACTURES OF ARCH OF FEMUR.

Case 13.—James T. Cone, Private, 7th Va. (Rebel) was wounded, Sept. 17, 1862, by a musket-ball at Antietam. I saw him in the General Hospital at Boonsboro, Md., twenty-four days after the accident. The ball had entered on the back of the right thigh, penetrating the arch of the femur. No splint had ever been applied. The limb was shortened and everted, and there was a very copious discharge of pus from the wound. The ball was never found. The prospects for his recovery were not very good.

Case 38.—Lieut. G., 4th Minn., wounded by a rifle ball, Sept. 19, 1862, at battle of Iuka. Ball entered just back of the right trochanter major, breaking the arch of the femur, and has not been found.

I saw this officer in the City General Hospital at St. Louis, six months after the occurrence, at which time the limb was much everted and shortened, and the wound continued open. His general condition was not good, yet such as to warrant some encouragement of his final recovery.

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Case 56.—James Vanderbeck, wounded at battle of Chancellorsville, May 4, 1863, by a ball which entered near the left trochanter major, and emerged in front, below Poupart's ligament. He was eleven days in the hands of the enemy, during which time he was urged to submit to an amputation at the hip-joint.

He is now in the Fifty-first Street Hospital in this city. He says the wound had closed entirely within three months after he received the injury. No fragments of bone ever escaped. He is now perfectly well, but the leg is shortened an inch and a half, and everted. He cannot walk without crutches.

#### RELATIVE RESULTS WHEN BONE IS MUCH COMMINUTED.

Cases 29 to 35 inclusive (seven cases) were all under the charge of Surgeon Finley, in charge of the Field Hospital at Murfreesboro, Tenn. They were all wounded by balls at the battle of Stone's River. My notes were taken four months after the wounds were received. Three were in the middle third and four in the lower third of the shaft. All had united; in three the suppuration had entirely ceased, in two it had nearly ceased, and in two it was still copious. In not one of these seven cases did any fragments of bone ever escape.

Dr. Finley reported to me, however, six other cases in which fragments of bone did escape during the treatment, and they all died.

I have in my records several cases in which fragments of bone have escaped during the treatment, and yet the patients have recovered; but the majority of such examples end in death.

There are many other cases of which I have made very full notes, but I do not feel at liberty to occupy the time by relating them in detail.

## Original Communications.

### INVESTIGATIONS UPON THE NATURE AND EXCITING CAUSES OF ASTHMA

REPORT OF NINE CASES, AND TWO OF DYSPNOEA RESEMBLING ASTHMA.

By D. D. HANSON, M.D., NEW YORK.

THERE must necessarily be great contrariety of opinion in regard to the pathology and etiology of a disease like asthma, which seldom terminates fatally, or leaves appreciable traces of its inroads upon the tissue it invades. Thus Sauvages says: "Asthma est morbus chronicus, cujus praecipuum symptoma est periodicè recurrens spirandi difficultas. Dispnoea est difficultas spirandi, unum symptoma, et non morbus." Dr. Dulcas (of Tours) quotes this negative definition, and with some ingenuity completes it by the positive assertion that a herpetic diathesis exists in all cases of true asthma, and that an irritation of this character reflected upon the mucous membranes of the bronchial tubes is the "morbis," or in other words, asthma is a writhing of the bronchial muscles under the flagellation of herpes. He then describes the evanescent type of these eruptions as witnessed in urticaria, and aptly traces its striking analogy to those ephemeral shades of asthma usually considered nervous. Analysing erythema in like manner, he finds its analogue in the more permanent and aggravating forms which he considers a grade intermediate from the first, and another variety which is persistent and attended with copious mucous secretion. This last form of asthma he considers eczemic. He concludes his remarks on the pathology of asthma thus: "If the preceding reflections are true, and to my mind they are incontestable, it is not in the nervous element, or in other words, an unknown one, that the cause of the periodicity of these attacks of asthma, and the intermission of its dyspnoea, are to be found. The dyspnoea is intermittent because the herpetic eruptions are naturally



intermittent and periodic." Again he adds: "Let us resume all these considerations in repeating; asthma is an acute herpetic affection of the respiratory passages." Of the nervous idea, M. Dulcos says: "The more I advance in the practice of medicine, the more my disbelief in neurosis increases; so frequently the phrase, nervous accidents, is only an expression to conceal our ignorance." Therapeutically, he finds corroboration of his views in the remarkable effects of sulphur in two cases, though he admits its failure in others.

Turning from the humoral idea of the nature of asthma, we find the more modern one, of its nervous character, pretty generally accepted by the profession of the present day. Cullen places asthma in the class neurosis of his nosology. Trousseau, in alluding to the herpetic idea advanced by his pupil, says: "Dr. Dulcos (of Tours) has proved that there is a herpetic diathesis in almost all asthmatics. I have also observed the same fact. \* \* \* This theory of M. Dulcos explains, to a certain extent, the fantastic form of this species of asthma; but it does not afford an explanation of the intermissions and remissions of the dyspnoea, which still have to be accounted for on the supposition of its nervous origin." Dr. Salter amplifies the nervous theory of asthma at great length, and announces it to be the object of his monograph to prove "that asthma is essentially, and with the exception perhaps of a single class of cases (the humoral) exclusively a nervous disease: that the nervous system is the seat of the essential pathological condition." Considering the subject analytically he continues: "The purpose of the muscular furniture of the bronchial tubes is, that they shall contract under certain circumstances, and on the application of certain stimuli; and seen from this light, we recognize in asthma merely a morbid activity—an excess of this natural endowment. *The tubes fall into a state of contraction with a proneness that is morbid; the slightest thing will throw them into a spasm, the irritability of the muscle is exalted, the contractions violent, and continued, that becomes a stimulus to contraction which should not be, and the nervous and muscular system is brought within range of courses of irritation applied to distant parts as ordinarily in no way to affect them.*" After alluding to the trifling asthmatic phenomena which are strictly physiological compared with the same manifestations which are undoubtedly morbid, he continues: "In what then does the peculiarity of the asthmatic consist? Manifestly in a tendency in the musculo-nervous system of the bronchial tubes to be thrown into a state of activity; the stimulus may be either immediately or remotely applied, but, in either case, would not normally be attended by such a result. There is no peculiarity of the stimulus \* \* \* *nor probably is there any peculiarity in the irritability of the bronchial muscles; the peculiarity is confined to the link which connects the two—the nervous system,*" &c. Here we learn the important fact "that we recognise in asthma a morbid exaltation of the irritability of the bronchial muscles, by which the bronchial tubes fall into a state of spastic contraction from those slightest things which should not produce such results," yet there probably is no such morbid irritability of the bronchial muscles, the peculiar state existing in the nervous system." Dr. Salter adds the following reflection: "These considerations tend, I think, to rationalize our notions of asthma, and impart an interest and order to its phenomena."

I have quoted sufficient from the text of each author to give a synopsis of their respective notions of the nature and origin of asthma, and these quotations will be found to be from the ablest and fullest expositions of the humoral and nervous theories of this disease extant. The absurdity, contradiction, and obscurity involved in each are sufficiently manifest, but the antagonism between them is only apparent. M. Dulcos and Dr. Salter may both be right according to the restrictions of their respective definitions, or they may both be wrong. The one sets aside all those cases of dyspnoea excited by remote lesions, visceral engorgement, repletion, and inflammatory thickenings of the mucous membranes of the bronchial tubes, as unworthy of the name

of asthma. The other passes over all those cases of supposed humoral origin without extended comment. Both are disinclined to consider those phenomena which are inexplicable by their peculiar hypothesis. The distinctive and essential character of asthma is thus lost sight of by both. What we want is, to get at that peculiar pathogenesis by which asthma can be viewed in its individuality, disrobed of all its accidental associations and complications. To say with M. Dulcos "that asthma is an acute herpetic affection of the mucous membranes of the bronchial tubes," or with Dr. Salter, that it is "essentially nervous" with an important exception, does not reach the case. Asthma is not an irritation of a membrane, nor is it nervousness, nor is it, simply, dyspnoea; it is a peculiar kind of difficult respiration resulting from spasm of the bronchial muscles. Dyspnoea without spastic action of these particular muscles is not asthma. M. Dulcos, then, confounds the disease with its occasional exciting cause. I say occasional, because every practitioner has witnessed precisely such phenomena as that described by M. Dulcos as "herpetic irritation of the bronchial mucous membranes," without the least trace of asthmatic dyspnoea.

It remains, therefore, to find a rational explanation of the nature and essential elements of this distressing disease, and we have only to analyse the phenomena of spasm, and see what organs and tissues are engaged in its production, to arrive at a demonstrative truth. It being conceded that asthma is a prolonged contraction of a particular class of muscles, we have the whole facts before us, and the question is not what produces, or is the cause of the spasm, but what is the spasm itself? Is it a muscular, nervous, or musculo-nervous phenomenon? That spasm, in itself considered, independent of its exciting cause, is simply a muscular phenomenon, is self-evident, as no other tissue has the inherent elements of contraction, and spasm is purely a prolonged and excessive contraction. If spasm, then, is an abnormal contraction of the muscles, and asthma is a spasm of a particular class of muscles, what further evidence is needed to demonstrate the entire and exclusive muscular character of the disease? Dr. Salter, indeed, in the very paragraph in which he attempts to demonstrate "that the nervous system is the seat of the essential pathological condition," with great force and perspicuity declares that the normal irritability of the bronchial "muscles is exalted," so that "the tubes fall into a state of contraction with a proneness that is morbid," therefore, "the slightest thing will throw them into a spasm, \* \* \* that becomes a stimulus to contraction, which should not be," &c. Here we have the evidence that the asthmatic dyscrasia has its seat in the bronchial muscles, and that it needs only the "slightest thing" to give it the form of actual disease. Dr. Salter's subsequent assertion, that "the peculiar asthmatic condition does not probably exist in the bronchial muscles," is simply a contradiction of himself, and a launching off from a safe pathology upon a trackless sea of conjecture. When he asserts that the "essential pathological condition" of asthma has its seat in the nervous system, he ignores the elementary principles of neurosis. The functions of the nerves are simply that of viaducts of communication between the brain and remote parts of the body. Disease of these electrodes can have no other effect than to subvert their conducting power, and thereby render communication imperfect and interrupted. Paralysis would result from such lesion, and not spasm. Palsy, partial or total, of a limb from inflammation of its principal nerve, loss or derangement of sight from disease of the optic, of smell from catarrhal lesions of the olfactory, are familiar examples. Spasm, then, is a muscular phenomenon, and paralysis, nervous. That asthma is excited by remote disorders is proof of a normal condition of the nerves instead of lesion. It is the office of the nerves to give warning to the brain of any source of systemic danger, and spread alarm to all parts of the body on its intrusion; and that they report in this manner the "slightest thing," is the highest proof

of their perfect health. The spasmodic action of the bronchial muscles, on the other hand, from "sources of irritation applied to distant parts, as ordinarily in no way to affect them," points out in these tissues the most obvious departure from the normal condition.

But it is upon the supposition of the muscular origin of asthma that a rational explanation of the remissions and intermissions of its dyspnoea can be reached. All muscular activity is followed by exhaustion, more or less complete, in proportion as it is short or prolonged, moderate or excessive. Such exhaustion is followed by relaxation, and remission of asthmatic dyspnoea may result from partial, and intermission from complete relaxation.

The analogy of the asthmatic dyscrasia of the bronchial muscles, and rheumatic phenomena in other parts of the muscular tissue, has long since been pointed out by close observers. Take, for example, rheumatic irritation of the heart; trifling influences, as mental emotions, a chill, quick exercise, fatigue, vascular repletion, engorgement of the digestive organs, meteorological changes, remote sources of irritation, etc., produce dyspnoea in the asthmatic, and palpitation in rheumatism. This supposition is strengthened by the fact that some of the most efficient medicines in rheumatism are equally efficient in asthma.

There can, however, be no conclusion so demonstrative as those drawn from clinical observations, and the following cases, copied from my note-books as entered at the commencement and during treatment, will illustrate, in part, the essential elements and habitation of the asthmatic condition, as well as the various sources of irritation that sometimes give it the active form of disease.

**CASE I.**—R. F. Moore, Norfolk, Conn., blacksmith, aged twenty-five, consulted me for asthma of several years' standing, Jan. 7th, 1857.—Tall and spare, but chest well developed. No abnormal percussion sound, but loud asthmatic râle. Each attack is heralded by coryza, confined at first to the nasal canals, but lately the irritation extends to the bronchia. The membranous excitement commences by a sense of dryness, itching, and violent sneezing, and is usually excited by colds. Dyspnoea soon follows, in a mild form at first, but intensifies as the catarrh extends to the bronchial tubes, and always in proportion to the severity of the membranous inflammation. These attacks continue several days or weeks, according to circumstances, dyspnoea remitting with mitigation of catarrh, and recurring with each exacerbation. Finally the catarrh terminates by free expectoration, and with it the asthma.

**CASE II.**—Mr. E. M. Dean, Hartford, Conn., tobaccoist, came under my treatment for asthma of eight years' standing, Oct. 1st, 1861.—Tall, muscular, chest full and capacious. Slight percussion deadness, tenderness, and bronchophony in upper part of right lung. Sibilant and sonorous râle, more abundant in right, but distinct in left side. Throat irritated, uvula relaxed, tonsils enlarged, and studded with caseous matter. Digestive organs normal. Dyspnoea ushered in by precisely the same catarrhal phenomena as in the preceding case, but with fearful intensity and persistence, continuing from early fall to late in the spring. Remissions of catarrhal excitement followed by mitigation of dyspnoea. After settled weather of spring the catarrh disappears, and with it usually the asthma, though a severe cough of an asthmatic character, with free expectoration, lingers later, sometimes inducing general prostration.

**CASE III.**—Mr. G. M. Williams, Norwich, Conn., æt. 60, consulted me Jan. 4th, 1857, for asthma, of several years' standing. Corpulent; no abnormal percussion sounds, but asthmatic râle loud in all parts of the chest; no trace of membranous excitement, cough, or expectoration. During fall is seized with dyspnoea, but always preceded by a fullness and irritation in stomach, styled torpor of bowels, and other symptoms of engorgement of the digestive organs. He partially loses the appetite, and the tongue takes on a brownish coating. The asthma is mild at first, but increases in severity with the gastric disturbance—the food giving

distress from great distension, and he is finally confined to his room in great wretchedness. Towards spring he begins to get relief, and the summer is a season of health.

**CASE IV.**—Mr. George A. Smith, Morris, Conn., æt. 50, applied to me Nov. 12th, 1858, for asthma of fifteen years' standing. Corpulent; percussion sounds normal, but the asthmatic rattle full in all parts of the chest. Asthma constant, year in and out, entirely incapacitating him for business; appetite poor, and food occasions irritation in the stomach and distension of the epigastrium, greatly increasing the dyspnoea. The bowels are torpid, the urine scant, and throws down a lateritious deposit. Remission of asthma always follows a decrease of gastric irritation, but quickly recurs upon its increase.

**CASE V.**—S. Haslam, Jun., New Britain, Conn., consulted me Nov. 11th, 1860, for asthma of two years' standing. Short, spare, and anæmic, but not the slightest traces of functional disorder or lesion, aside from asthmatic dyspnoea and râle. Attacks occur after a day of rest, as after Sundays, he being roused from his sleep near morning, on Mondays, with a smart attack. Dyspnoea continued without sufficient remissions to allow of sleep or exercise for thirty-six or forty-eight hours. The spasm finally relaxes, followed by a slight expectoration and quiet sleep, and he goes about his business in health until the next day of rest.

**CASE VI.**—Mr. James Hunter, New Britain, Conn., comes under treatment for asthma of twelve years' standing, Dec. 25th, 1860. Stout and muscular, and presents the highest type of health and endurance during intervals of attack. After a hard day's labor, which gives him unusual fatigue, he is roused from his sleep with a suffocating dyspnoea; he bounds to the open window or door for relief, and for two or three days suffers the most suffocating dyspnoea, with trifling remissions. The attack finally subsides, he expectorates a tough mucus, sleeps quietly, and wakes in perfect health. These attacks occur once in one, two, or three weeks, according to circumstances.

**CASE VII.**—Theron Merrill, New Hartford, Conn., æt. 20, consulted me April 1st, 1859, for asthma of two years' standing. Frail and anæmic; chest contracted, but perfectly free from functional disorder or membranous lesion. No abnormal percussion sound, but faint asthmatic râle. Dyspnoea constant, from every fall to summer, but of mild type. Exercise, excitement, and fatigue at all times produce the dyspnoea, but remissions usually follow absence of such exciting causes, unless he takes a severe cold, when the asthma is severe and constant.

**CASE VIII.**—Mr. George W. Webster, Wolcatville, Conn., æt. 51, tall and emaciated, came under my treatment Aug. 23, 1860, for asthma of long standing. No cough or catarrhal irritation. Asthma commences middle of August, continuing till midwinter, when he is well until early spring; he is then attacked again, and does not recover till May or June. During these periods asthma is constant, or at least the intermissions are broken by exercise, so he is confined pretty constantly to his room, and at night to his chair for sleep. He loses the appetite, emaciates, and the system is prostrated. The asthma terminates without expectoration; the asthmatic wheezing and rattle are the only abnormal pulmonary sounds.

**CASE IX.**—Mrs. Cornelius V., Jun., Hartford, Conn., came under my treatment for asthma of two years' standing, May 26th, 1859. Short and obese; dyspnoea constant, from the most trivial incident, emotion, exercise, or atmospheric change. During the night the sleep is abruptly broken, and she rushes frantically to the open window to assuage her suffocation. From colds she has long and severe attacks, lasting several days, or weeks even, confining her to her chamber and to her chair. She has visited Texas, Cuba, and California, but gets no relief. No cough, or irritation of the respiratory passages, or expectoration, unless from colds. At these periods there is a trifling asthmatic cough and bronchophony, but it soon disappears. Râle asthmatic loud and full.

In these nine cases we find two classes of asthma, or rather two stages of development. In the five first it is incipient; it requires a co-existing organic or functional disorder to impart a stimulus for its active manifestations. In the four last cases its development is complete; it is capable of overpowering the system, independent of adventitious aid, and without extraordinary surrounding excitants. In the two first, an entirely dissimilar disease is necessary to arouse the asthma, and they furnish excellent examples of M. Dalcos's "herpes." The third and fourth cases are examples of a numerous class of asthmatics where the dyspnoea is excited by engorgement and irritation of the digestive organs. In the fifth case we have vascular repletion as excitant to spasm of the bronchial muscles. Mr. H. takes his usual rations on Sundays, but does not deplete the system by exercise. The four last cases furnish good illustration of that class of cases usually considered "nervous." Yet in what do they differ from the first two, which are manifestly what M. Dalcos would call "humoral." The phenomenon of asthma is the same in both; the difference being simply, that in the one the asthmatic dyscrasia is so strong that spasm sets in from trivial influences, while in the other the intervention of a stimulus from a dissimilar disease is necessary to bring the bronchial muscles within the sphere of such influences.

CASE X.—Mrs. Nathan W. P., Wolcottville, Conn., applied by letter for treatment, Sept. 15, 1860, for asthma, which had affected her from girlhood. Being a daughter of Mr. Webster, and supposing her case similar, I sent her similar recipes, but getting but partial relief she consulted me personally. Stout and obese; dyspnoea excited by exercise, fatigue, and excitement, or strong emotions, and is obliged always to sleep with the head bolstered; no cough, or irritation of the respiratory passages, or abnormal sound in the lungs; respiratory murmur faint in left lung but normal in right; pulse 100, full and jerking; rhythm of the heart perfect, but its ictus gives a metallic ring, audible in all parts of the chest.

CASE XI.—Mrs. Israel J., Salem, Conn., æt. 43, came to me December 4th, 1860, for distressing dyspnoea. Is obliged to sit erect in bed during the whole night. Ascending a flight of stairs produces the most painful respiratory agitation; the eyes are wild and anxious, the lips purple, and head giddy; twenty minutes lulls this tumult, so she can converse. Pulse 100 to 110, full and harsh; heart's rhythm perfect, but its sounds are metallic, deep, and muffled; bowels torpid, urine scant, and deposits copious, lateritious and albuminous sediment; stomach distended, so as to prevent hooking the dress, which greatly increases the dyspnoea; percussion deadness over both sides of chest, and murmur inaudible; no bronchophony or asthmatic rale, cough, or membranous irritation. Menorrhagia, with hypertrophy of womb.

In these two cases we have some asthmatic features which give them interest in this connexion, but the asthmatic element is wanting. The irritation is in the muscles of the vascular system, not in those of the bronchial tubes. Mrs. T. was permanently cured by anodynes and sedatives associated with tonics. Mrs. J. was promptly relieved by the same treatment, but soon leaving town I lost sight of her.

In regard to the treatment of the asthmatic cases before described, a rational course was directed to answer the indications presented by the peculiarities and complications of each case. In the two first cases, the catarrh was attacked vigorously at the first appearance of its incipient symptoms. In the third and fourth cases, the engorgement and irritation of the digestive organs were removed, and the diet carefully regulated. Mr. Haslam was ordered a generous diet during the week, but a very abstemious one on Sundays. In the four following cases, the anæmia and debility were corrected with iron and quinia. The dyspnoea, or, rather, the irritation of the bronchial muscles, was treated on the same principles in each case. Chloroform, eth. sul., liq. ammo., &c., variously combined with the con-

centrated tinctures of stramonium, hyosciamus, conium, lobelia, &c., were directed four or five times a day by inhalation; or, where a more stimulating and deobstruent impression was desirable, the tinctures of various essential oils, as cedar, hemlock, cajuput, origanum, sassafras, &c., were substituted for the narcotics. Some alterative, as hyd. potas., sulphur, or soda, was directed three times a day, to be continued two to four months.

The result of this treatment leaves little to be desired. With the exception of the second, fourth, and eighth cases, the cure was complete and permanent. The majority did not have an attack after commencing treatment. This was the case with Mr. Moore, Mr. Hunter, and Mr. Merrill. Mr. Williams did not have an attack for three years, and then found immediate relief from his inhalant, and has been well since. Mr. Haslam has had two or three mild attacks, but none that has interrupted his business, or that do not yield readily to treatment. Mrs. V. has been perfectly healthy the last two years, very seldom resorting to the inhalant. Mr. Dean obtained most immediate relief, and has had but two attacks since commencing treatment, both of which yielded readily. One of these occurred in August last, and he was advised to spend the winter in St. Paul, which he did with *entire freedom from asthma, though he had one of the severest attacks of catarrh of his whole experience.* Mr. Webster has an occasional attack, but controls it, as far as I am informed, so as to suffer no interruption of business. I think he did not have an attack for the first year after commencing treatment.

I have many other equally interesting cases, showing still other phases and complications of asthma, but as I have already exceeded my limits, they must be omitted.

## GUNSHOT WOUND OF ABDOMEN.

By CHAS. H. RAWSON, M.D.,

OF DES MOINES, IOWA.

The following case is one of some interest, showing what nature will do towards prolonging life. August 5th, was sent for in haste to go eight miles into the country, to see Christopher Howard, who had been stabbed in an affray with a neighbor. I arrived three hours after the injury, and found a wound on the left side, commencing a half inch from the median line of abdomen, and one and a half above Poupart's ligament, running upwards and outwards four and a half inches, and penetrating completely through, so that the bowels protruded when he was carried to the house. The intestines were replaced, however, before my arrival. From personal examination, and report of those who assisted in replacing the bowels, I concluded the intestines could not have been wounded, though the omentum was dark and congested, and had been slightly cut or torn.

I brought the wound together with several interrupted sutures and adhesive plaster, and applied cold water as a dressing.

Thinking it not desirable to disturb the bowels with a cathartic, I put him under the influence of opium, sufficient to keep the bowels quiet, and relieve him from all restlessness, and kept him on beef tea or fluids exclusively. Everything progressed favorably up to the ninth day, no constitutional disturbance indicating there was extravasation of feculent matter, or inflammation of peritoneum. The external wound had healed by first intention, except the outer angle for half an inch. On the morning of the ninth day, very unexpectedly, feces began to pass from the small opening; portions of undigested corn, and blackberry seeds eaten the day of the injury, now came away with other material. As the bowels had not been moved since the injury, I now thought it advisable to unload the lower portion, and give room for that above to pass down if so inclined. I ordered an enema, and superintended its administration, and before half a pint had been thrown up it began to pour out of the opening above, showing the descending colon to be wounded.



With this state of affairs there were no constitutional symptoms indicating infiltration into the peritoneum.

Still I thought it best to keep him fully under the influence of opium, so as to perfectly control the bowels, giving nothing but fluids for nourishment, and trust to nature. In three weeks the external wound healed by granulation, and without an unfavorable constitutional symptom from the beginning.

The wound was inflicted with a large jack-knife, of not very sharp-pointed blade. I think the outer coats of the colon must have been divided at the time of the injury, and the mucous coat must have given way afterwards, allowing the contents to pass out, but during the nine days nature had prepared the parts by adhesion, so that no extravasation into the peritoneum took place, thus saving life.

## Reports of Hospitals.

### BELLEVUE HOSPITAL.

#### CASE OF PERITONITIS

#### FROM PERFORATION OF THE GALL-BLADDER.

By GEORGE ENGB, M.D., SEN. ASSISTANT.

JAMES MORRIS, æt. 30, born in Ireland, a tailor, was admitted to the Hospital, in the service of S. Austin Flint, on Friday, Nov. 27th, 1863. He stated that he had been of intemperate habits, but that his general health had been good, until Wednesday, the 25th Nov., when, while at work in the morning, he was seized with a sharp pain in the epigastrium. He kept at work for about an hour, until with the increase of the pain, which gradually extended down the abdomen, he was obliged to take to his bed. On Thursday vomiting took place, and was repeated during the day and night, whenever food or drink was taken. The pain had been constant since its first accession; the bowels had moved daily, with thin and watery dejections. On admission to the hospital the patient's countenance was pale and anxious, his nostrils dilated, and upper lip raised. The tongue was coated and yellow; pulse 120, small; respiration 36, and costal; decubitus dorsal, with the knees drawn up. He complained of constant but not very severe pain over the whole abdomen. The abdominal walls were rigid, tympanitic, and sensitive to pressure. Coughing gave severe pain. The urine was scanty and of high color.

*Treatment.*—Magendie's solution of morphia was ordered in sufficient quantities to produce freedom from pain; turpentine stupes to the abdomen, with a diet of essence of beef; milk and stimulus according to the pulse.

The following is a tabular statement of the treatment by morphia:—

TIME.	PULSE.	RESP.	MAGENDIE'S SOLUTION MORPH.	REMARKS.
Nov. 27th, 1 1/2 P.M.	120	36	gtt. xv.	
" 5 "	128	36	" xv.	
" 7 1/2 "	108	28	" x.	Complaints of nausea.
" 12 " M.	108	20	" xx.	No pain except on motion.
Nov. 28th, 2 A.M.	108	17	" xv.	Restless.
" 6 "	100	11	" x.	Has vomited.
" 9 "	102	10	" x.	Dozing.
" 11 1/2 "	106	12	" v.	No pain.
" 1 1/2 P.M.	102	12	" v.	
" 4 1/2 "	104	10	" 0	No pain.
" 6 1/2 "	100	11	" 0	Vomiting repeated.
" 9 "	92	9	" 0	Asleep.
" 11 1/2 "	108	18	" v.	Restless.
Nov. 29th, 8 A.M.	108	25	" xv.	Restless; Thin yellowish stool.
" 8 "	100	18	" v.	
" 10 "	88	9	" 0	Rigidity of abdomen much diminished.
" 1 P.M.	90	13	" iv.	
" 4 "	90	13	" v.	
" 7 "	106	14	" vi.	Bowels again moved.

Monday, Nov. 30th.—Pulse 84; respiration 16. There have been bloody discharges from the bowels during the

night. The abdomen is still somewhat tympanitic, and sensitive to pressure, but much less rigid. He has no pain. Morphia was continued in small quantities during the day. Tuesday, Dec. 1st.—Looks well; dysentery continues; abdomen bears considerable pressure. *Treatment.*—Opium, with sub. carb. bismuth and tr. opii by rectum. Wed., Dec. 2d.—Dysentery the same; pulse 88; abdominal respiration partly restored. Thursday, 3d.—Same. Friday, 4th.—He appears weaker; the stools are frequent, but no longer bloody; pulse 100, and feeble; occasional vomiting. Ordered stimulants and antemetics. Saturday, 5th.—Pulse 104, small and weak; the diarrhoea is not checked, and the stomach rejects nourishment. Sunday, 6th.—Diarrhoea and vomiting continue. He appears to be sinking. Died at 10 P.M.

Upon examination of the body thirty hours after death, the peritoneum lining the intestines and abdominal walls was found to be much congested. Its two surfaces and the intestinal convolutions were agglutinated by lymph. In the neighborhood of the liver the signs of inflammation were more marked; the lymph was in greater abundance, and on separating the agglutinated parts with the finger, a quantity of bile was found in the peritoneal cavity. A careful inspection of the gall-bladder revealed a small quill-sized perforation near its upper portion. This was found to communicate with an abscess in the wall of the sac, which was about three-fourths of an inch in length by half an inch in width. The contents of the abscess were stained with bile, and semi-fluid in consistency. Another abscess of the same size existed near the first, and opened into the inner surface of the gall-bladder by a small ulceration. No gall-stones were found. The mucous coat of the gall-bladder was reddened. Examination of the rectum and adjoining colon showed thickening of the mucous membrane, with numerous small patches of redness and depositions of lymph.

## Progress of Medical Science.

PREPARED BY E. H. JAMES, M.D.

### PUERPERAL SCARLATINA

Is the subject of a paper read before the Dublin Obstetrical Society by DR. HALAHAN, in which he gives a sketch of twenty-five cases, nineteen of whom died, and six recovered. Of the fatal cases, nine were in their first pregnancy; three in their third; two in their fifth; one in her sixth; two in their seventh; and two in their eighth. The presentations were a half breech, a breech and heads. One was delivered by version; one, at least, had scarlatina in her house; three were ill of the disease on admission; one had no sore throat; seven were unmarried. Three died on the second day; one on the third; two on the fourth; six on the fifth; two on the sixth; three on the seventh; one on the eighth; and one on the fifteenth. Only two had rigors, which occurred on the second day. The treatment included anodynes, alteratives, diaphoretics, astringents, tonics, stimulants, cold lotions, and blisters to the shaved head or back of the neck, and in fact all remedies without avail. Of the six who recovered, three were delivered with the forceps; five were in their first, and one in her fifth pregnancy; one was leeches; one was unmarried; the skin desquamated in all. They all had stimulants freely administered. He believes that we are yet far from having arrived at the treatment best calculated to deal with this fearful malady, and strongly advocates, instead of continuing to tread the beaten track of our predecessors, with a mortality of 75 per cent. as the result of our efforts, to give largely and freely, from the very commencement of the disease, *stimulants* in the shape of wine and brandy; and, as a medicine, bark and carbonate of ammonia, unless contra-indicated. The influence that stimulants exert on the

pulse is thus illustrated in one of the fatal cases: On the fifth day the pulse was 130; she got twenty ounces of wine on this and the following day, and the pulse fell to 120. The wine was continued, with very slight diminution, till the eleventh day, when the pulse had fallen to 100. On this day she got but eight ounces, and the pulse immediately rose in frequency, and she died on the fifteenth day. Early resorting to stimulants, he believes, will give nature a better chance of overcoming the disease, and prevent sudden and irrecoverable sinking. He advises the same treatment in cases where the mind is in any way disturbed, as in the case of a woman who has been seduced; or from other causes where the disease is aggravated by a mind distracted by fearful forebodings. To such a patient he gave a pint of wine during the first twenty-four hours after delivery, with the effect of raising and sustaining the nervous system. This treatment, if employed from the first, he says, cannot increase a mortality sufficiently alarming already, but believes will decrease it.

#### THE SUBCUTANEOUS INJECTION OF QUININE.

The success attending the hypodermic method of administering morphia, atropia, etc., has suggested the same method of employing quinine in the treatment of remittent and intermittent fevers. Dr. W. J. MOORE of the Bombay Medical Service (*Lancet*) claims almost invariable success in thirty cases of intermittents, the case seldom requiring a second application; and remittents subside after the fifth or sixth injection. Dr. Chasseaud, of Smyrna, also reports one hundred and fifty cases, and especially recommends the system where gastric symptoms render the exhibition of quinine by the mouth impracticable. The preparation used is a strong solution composed of thirty grains of quinine, eight or ten drops of dilute sulphuric acid, and half an ounce of water. Of this solution, from half a drachm to a drachm is injected. No other remedies are used except a little sulphate of soda when the bowels are confined, or, when indicated, some of the preparations of iron. Dr. M. generally injects beneath the skin over the outer belly of the triceps extensor muscle, or over the deltoid. He has also injected with equal success on the thigh and calf or over the spleen when there is an enlargement of that organ. The instrument used is a small glass syringe with the screw action, and furnished with a sharp silver point, some half an inch in length. To avoid irritation, it is important that the instrument be perfectly clean, and that none of the alkaloid be left in suspension instead of solution. The best time to inject is shortly before the cold fit, but if done during the first stage it will lessen, and sometimes stop the whole paroxysm. In cases of remittent fever, a good time to commence is during the remission, repeating the operation at intervals of six or eight hours. Dr. M. thinks that four or five grains of quinine injected beneath the skin, are equal in their effects to five or six times that amount taken into the stomach, and that the effects are more certain and relapsing attacks less common.

JOSEPH HENRY GREEN, F.R.S., F.R.C.S.—This distinguished member of the medical profession, of England, died on Sunday evening last, at his residence, The Mount, Hadley, near Barnet, in his seventy-second year.

THE annual public *séance* of the Academy of Medicine has just taken place (Tuesday, Dec. 15th), under the presidency of Baron Larrey. The meeting opened with the usual report on the adjudication of the various prizes, which is always the chief feature of the meeting. This time a portion of the *prix d'Argenteuil* has been adjudicated to an English surgeon, Mr. Henry Thompson, "docteur en chirurgie de Londres." Mr. Thompson seems destined for honor abroad; and the award of the Argenteuil prize for his work on Stricture and Diseases of the Bladder, coming so soon after his brilliant success with King Leopold, is almost like regilding fresh-mounted gold.

## Reports of Societies.

### NEW YORK COUNTY MEDICAL SOCIETY.

#### REPORT OF COMMITTEE ON SARRACENIA PURPUREA.

(Concluded from page 8.)

J. F. MARSON, Surgeon to the Small-Pox and Vaccination Hospital, London, gives the following report in the *Lancet*, of a trial of the Sarr. purpurea, in fifteen cases:—"I tried the decoction of Sarr., made from the root, by simmering an ounce in one and a half pints of water four hours, until reduced to a pint and a quarter; part was usually given for a dose twice a day, for two days or more. I also gave in some cases the liq. sarraceniae, supplied by Messrs. Savory and Moore, agents of Dr. Miles, in London. In all, fifteen patients have been treated with the sarracenia, selected for their severity, such as I have described, as cases which would not get well under ordinary treatment, namely, malignant cases attended with hemorrhage from the mucous surfaces; seventy confluent cases with great amount of eruption; and those rather rare and nearly always fatal cases, which are characterized as the corymbosed variety. *They have all died.*

"The cases were selected on admission in the early stage of the disease, on account of the severe symptoms manifested, and because I felt it was of no use to try the efficacy of the Sarr. on mild cases or vaccinated cases, which I knew very well would recover without anything being done for them beyond the exhibition of ordinary care, the giving of salines (if required), occasional aperients, suitable diet, etc.

"I cannot say that the Sarr. had any effect whatever. It did not save life; it did not modify in the least the eruption of small-pox; it did not influence any of the secretions; it did seem to act on the bowels in one instance only, and this seeming effect might easily have been from other causes; it did not increase the secretion of urine.

"The particulars of the fifteen cases taken daily at the time of trial of the Sarr. are appended to the report. Two cases were admitted into the hospital that had taken a decoction of the leaves and stems of the Sarr. before admission. The first, a very mild case, having four vaccine cicatrices, was highly modified, I believe, by the vaccination. The second case was confluent, and was wholly modified. They both recovered. The recovery might perhaps by some be attributed to the sarr., but I believe it had nothing to do with it. The vaccinated case was, as I have said, very mild; due, no doubt, to the vaccination. As to the second case, about half our confluent unvaccinated cases recover with ordinary treatment. In conclusion, I may state that had I found the Sarr. do any good, I should have taken an earlier opportunity of reporting the fact to the profession. As it failed, I thought it well to delay this report that others might without bias try the plant during the present epidemic of small-pox, and favor us with their opinion of its reputed power of controlling the course of the disease in its severe forms."

David Godyer, M.D., of Bradford, gives in the *Lancet*, March No., 1863, notes of two cases of variola, treated with Sarracenia purpurea; they are as follows:—"L—aged 14 years; never vaccinated. When first seen, (Nov. 15th), the eruption of variola was in the papular stage, thickly spread over the face and extremities, promising confluence; less thickly over the trunk. Previous pyrexia, headache, and bilious vomiting severe. Ordered decoction of Sarr. purpurea, as prescribed by Dr. Miles, in the *Lancet*, Oct. 18th, 1862. The patient was seen daily up to the 21st, the eruption displaying the regular stages without unusual change, and becoming confluent upon the face. The secondary fever was severe, and attended with delirium, but desiccation of the eruption



thereafter proceeded favorably. There was no diuresis; diarrhoea was present from the fourth to the sixth day of the eruption, and was succeeded by constipation, for the relief of which castor oil was ultimately ordered. By Nov. 26th the boy was convalescent. The diet was of diluted milk and farinaceous food throughout.

"B—, aged 3 years; never vaccinated. Was first seen on October 28, when the eruption was papular, just forming in the skin. A diaphoretic mixture had been ordered, which was continued till the morning of the 30th, when the eruption had reached the vesicular stage, the vesicles being full and prominent. The eruption was so thickly spread and universal, and presented such an evident tendency to confluence that it appeared a good case to test the Sarr. purpurea, which was accordingly at once supplied, and given in tablespoonful doses. Oct. 31st.—Considerable febrile disturbance; vesicles becoming pustular; has had the bowels freely moved, and passed a good deal of urine. Nov. 1st.—Child exceedingly restless; cannot be prevented from rubbing its face, and denuding the pustules of their coverings; parts of the face so rubbed are quite raw; those portions which are untouched, as the forehead and the pustules upon the neck and chest, are much flatter than usual, and the skin around them has lost its previous inflammatory blush, and become pale.

"Considering, therefore, the statement in page 430 of the *Lancet*, under the head 'Observations,' that, 'after the second or third dose given at intervals of from four to six hours, the pustules apparently lose their vitality; and again: 'the pustules appear simply to lose their vitality; they desiccate and fall away;' and further considering that among the alleged salutary effects of the sarracenia, 'rapid diuretic action and power of evacuating the large intestines' are cited; it was believed, notwithstanding the restlessness, that the results of the trial were so far confirmatory of the good effects of the new remedy.

"Nov. 2d.—On visiting the residence of the patient, the child was found to have died late on the previous night."

Query.—To what were the flattening of the pustules and the disappearance of the inflammatory areola due? to retrocession or the sarracenia? The latter got the dangerous and delusive credit assigned to it till it was too late to pour in stimuli to rouse the sinking vital powers.

The mother of this child asserted, that from the moment the first dose of the new medicine was given, the child began to change for the worse.

Thus much for some of the recorded experience in Nova Scotia and England. There have not been as yet in the United States, recorded many observations of the medicinal action of the Sarr. purpurea in small-pox. There have, however, appeared two brief articles in the *AM. MEDICAL TIMES* respecting the trials of this remedy in small-pox. The first was a letter to the editors from Samuel Mitchell, M.D., Cameron Mills, published July 18th, 1863, in which he gives the notes of the following case:—"May 18th, 1863, was called to see W. C., a young man aged 23 years, strong and vigorous constitution; found him with all the premonitory symptoms of variola, the lumbar pains being particularly prominent. He had been exposed to that disease eight or ten days before. Does not remember ever having been vaccinated. Tuesday, 19th.—Fever higher and pain more severe; eruption beginning to appear. I gave him the usual treatment, but without going over all the details of the case, suffice it to say, that on Saturday, the 23d, there was a copious eruption of pustules, about the size of small split peas, diffused over the whole body, particularly on the hands and face—the latter was so swollen as almost to close the eyes, the eruption being so thick, even at this stage, as to look like one great pustule; more or less delirium during the night, and the severe lumbar pains undiminished. It now occurred to me to give the Sarr. purpurea a trial; as it was growing in abundance in a marsh near the house I sent out to procure some of the roots, and directed the nurse to give a teacup, two-thirds

full of the decoction, every four hours. Sunday night, 24th, saw him again; had been delirious the night before, but now calm; pulse slow; skin cool, and many of the pustules shrivelling. From this time the disease never advanced, but all the pustules dried up without maturing. There was no pitting. 'One swallow does not make a summer,' and I would not pretend to claim from this one case that the sarracenia is a specific in this loathsome disease."

The second communication was from G. H. Olmsted, M.D., Physician, Small-Pox Hospital, Blackwell's Island, in which he gives the full notes of a case of the confluent variety treated with the decoction of the Sarr. purpurea for a time; but the symptoms increasing in severity he was compelled to use other remedies in addition, such as stimuli, tonics, and anodynes. Notwithstanding the patient died. In conclusion he states, that the sarracenia purpurea was used in three other cases (one of rubeola), but without wearying one with the minutiae, simply says: "the results obtained from it were like those in the case already described, viz. diuresis and diaphoresis. The latter cases recovered, just as they would have done if the remedy had not been administered—there having been no abridgment of the malady."

Your Committee has endeavored to lay before the Society the history and recorded experience thus far in the use of the Sarracenia purpurea for the treatment of small-pox, and in conclusion would respectfully submit the following, as their deductions from the testimony here accumulated. 1st. That the analyses already made of the plant do not give any active principle or elements which would indicate any great medicinal potency. 2d. That the discoverers and advocates of the specific remedial power of the Sarracenia purpurea over variola have given apparently too great credit to the "post hoc" circumstances, as being "propter hoc" influences (one reason for this latter inference being suggested by the loose, unscientific, and eulogistic style of the communications). And 3d. That the reliable recorded experience thus far, appears to preponderate against the remedial efficiency of this plant in those forms of the disease which do not generally recover under the administration of ordinary remedies.

CHARLES HENSCHALL, M.D., *Chairman.*

JOHN G. ADAMS.

A. S. PURDY.

JOSEPH K. MERRITT.

JOSEPH S. CRANE.

## Recent Inventions.

THE Graduated Compression Suspensory Bandage is designed for the relief, prevention, and cure of the various diseases connected with or in relation to the spermatic cord, the testes, and the envelopes. The illustrations are half the size of the instrument.

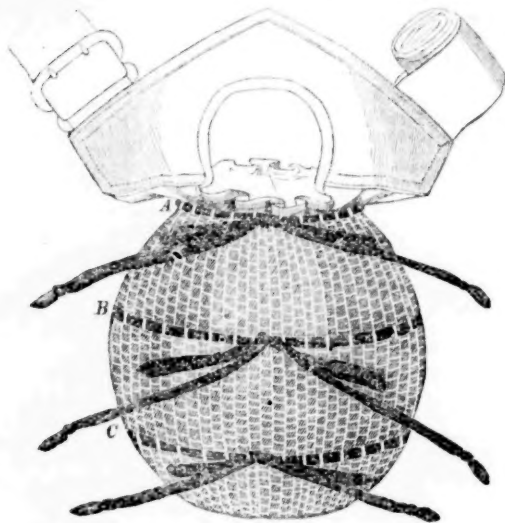
This Bandage, invented by Dr. G. MILIANO, of New York, has been so constructed and arranged as to make equal pressure upon the whole surface of diseased testes and their envelopes.

The pressure can be graduated at the pleasure of the surgeon or the wearer, according to the circumstances of the case, by drawing sufficiently upon the braids so as to contract the bandage and compress the disease; then crossing them at the back of the scrotum, at the perineum, and tying them in front under the penis.

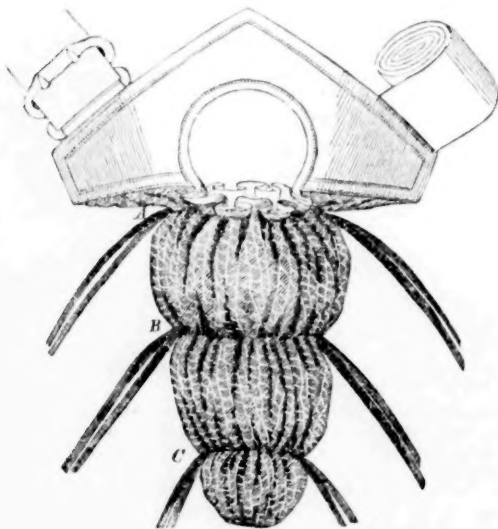
Or, to be more explicit, when the bag has been put on and sufficiently contracted around the scrotum, the superior or uppermost braids (A) must be drawn tightly around the neck of the tumor first and fastened together there, thus confining the entire scrotum within the bag; then the middle and inferior braids (B C) should be drawn and tied.

Without being crossed at the back, as above stated, after

the bag has been closed around the disease, the inferior braids may be fastened across the base of the tumor.



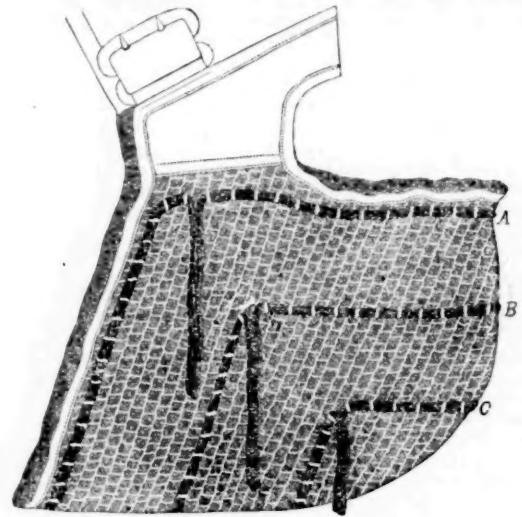
This Bandage, which is made large, light, and strong, is manufactured of linen thread into a net, with silk or linen braids, and without any India-rubber material which would heat the parts disagreeably, lose its elasticity by use, and break in cold weather. It will be seen at a glance, that, by the use of these braids, it can be diminished to a small size; and should it be required at any time to be



made still smaller, as the swelling shrinks before it, it can be readily effected by inclosing a portion of the inferior end of the bag within the two inferior braids, and tying them, which reduces at once its size one-fourth more. It would thus fit any case, however small the tumor may be, and prove false the idea that has been heretofore promulgated, that a certain size bandage is required to fit a particular case in each of the various diseases and inconveniences of the genital organs.

There are many cases in which the superior braids will

be all that are necessary to be used, in order to contract the instrument upon the disease within; in which case the



middle and inferior braids may be taken away without injuring the efficiency of the bandage.

## American Medical Times.

SATURDAY, JANUARY 9, 1864.

### AN AMBULANCE SYSTEM.

It has frequently been remarked that every branch of our military and naval service is making extraordinary progress towards perfection. The actual existence of war teaches the defects of old systems, and supplies the stimulus for their reform. But there is one defect in our military organization which has become daily more and more apparent, and which, if remedied, would add greatly to the efficiency of every fighting army. Yet every effort at improvement has met with the most determined opposition in high official quarters. We allude to the want of a complete ambulance system. From every battle-field comes up the sickening tale of the suffering of the wounded, who have lain for days where they fall, uncared for, and even unnoticed. The nation stood aghast at the dreadful scenes of the first Bull Run conflict, and a thousand questions were asked as to the possibility of averting the after-horrors of the battle-field. But the same wail of suffering has come up from every subsequent scene of strife, until at length the people seem to have become indifferent to these appeals of their brethren in the army for prompt succor when stricken. A few have labored faithfully, but thus far ineffectually, to obtain a proper organization of an ambulance system for the armies of the United States. Foremost in this noble work have been Surgeon-General HAMMOND, the members of the Sanitary Commission, and the profession of Boston. But as yet they have labored in vain; no amount of argument or persuasion has moved the Commander-in-Chief; he clings to the old system with characteristic tenacity.

In his annual report for 1862 the Surgeon-General urged

the establishment of an ambulance corps in the following decided terms:—

"First among these is the establishment of a permanent hospital and ambulance corps, composed of men especially enlisted for duty in the medical department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, &c., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses be obviated. A corps formed upon the basis of two men to each company in service, organized into companies of one hundred privates, with one captain, two lieutenants, four sergeants, and eight corporals to each company, would relieve the line of the army from all details for the medical department, and enable the department to render far more efficient service to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognised by all European armies, and I am able to speak from personal observation of the great advantages to be derived from it."

Meanwhile, one General commanding, GEN. MEADE, has adopted a system first devised under the direction of GEN. McCLELLAN, which has been put to the test in several of the battles of the Army of the Potomac, and has answered its purpose admirably. It has received the cordial sanction of the Surgeon-General, of the Sanitary Commission, and of many who have made this subject a special study. As efforts are about to be made to obtain from the present Congress legislation on this subject, we shall take occasion hereafter to publish the order establishing this organization. The leading features of this plan are presented in the following communication in a daily paper by one familiar with its operation:—

"First, the corps is the unit, and the supreme control of the ambulances, as regards their use, is confided to the Medical Director of the army corps. The ambulances are in the proportion of three to a regiment. Three men are assigned to an ambulance—one driver and two stretcher bearers. This gives nine men to a regiment, who are commanded by a non-commissioned officer, mounted. The above constitutes the regimental ambulance corps, which, consolidated by brigades, are commanded by a Second Lieutenant. The brigades are consolidated into divisions commanded by a First Lieutenant, who consequently has under his command two Second Lieutenants, fifteen Sergeants, and one hundred and thirty-five men. The three divisions consolidated make the corps commanded by a Captain, under the immediate command of the Medical Director. Add to the above one tight medicine wagon (Autenrieth's), and one four-horse supply wagon for each brigade, and you have the full ambulance armament independent of the regimental hospital wagons.

"The ambulances encamp or park by divisions, and where there are efficient officers, the camp is formed equal to an artillery camp as to the order and discipline of the men, the grooming of the horses, and in all the appliances necessary to keep animals and wagons always effective. Minute inspections by the proper officers are made weekly; negligence, slovenliness, or unsoldierly conduct, are punished with the same rigor as in any other arm of the service. The drilling practice of the men is, of course, conducted with a view to their efficiency in their own department.

"When a movement is ordered, the sick are taken up by the train of their respective divisions, the regimental hospital wagons are ordered to join the trains, and thus the whole of the hospital appliances of each division in one compact column, follows close upon its own division, under the command of the Ambulance Officer. Two medical

officers, with steward and nurses, are detailed to accompany the train, and to take charge of the sick in it. Upon halting, hospital tents to the number sufficient to accommodate the sick, are pitched, a hospital is rapidly established, all the aid necessary being rendered by the ambulance corps. The train and hospital are close to the camp of the division. This plan is continued day after day in a protracted march.

"The train, as above stated, follows close upon its division. When a battle is expected, and the division deploys into line, the train halts in the rear. Now comes the most difficult and trying time of handling an ambulance corps effectively. Those who are interested in devising a system of ambulances must not forget in their theories without experience, this critical time; must bear in mind that without competent and tried officers, without men held under the strictest military rule, their finest scheme will prove a failure, at the time when the services of the ambulance corps are most demanded. The plan of handling the ambulance corps in an action I can present to them from experience in all the battles fought since the present ambulance system was adopted.

"In the first place, the stretcher-bearers march with the regiments to which they belong into the action. The Medical Director, with the Captain of the ambulance corps, is with the General commanding the corps at the front. As soon as the positions into which the divisions in battle will be thrown are ascertained, the Medical Director communicates with the Surgeon-in-Chief of division, designating the places where the division hospitals are to be located. These hospitals are composed of the hospital tents in the division, together with a house or barn, if available. The ambulances are drawn up between the hospitals and the division in front, awaiting orders. One officer of the ambulance train is with the Division Commander, one non-commissioned officer with each brigade. The Medical Officers who accompany the regiments into action take position by brigades, in some sheltered location contiguous to their respective brigades. This position is known to the Sergeant watching the brigade, who directs the wounded with stretcher-bearers thither. The ambulances are ordered up to the same place, to take the wounded to the division-hospitals in the rear.

"The officer at division headquarters, as soon as the action begins, orders up the ambulances, and designates the point to which they are to go. He learns from the Medical Director or Corps Officer the various positions and shifting of the troops, and acts accordingly. In this manner the operations of the ambulance corps are conducted throughout the action, and subsequent to it, until all the wounded are removed from the field to the division-hospitals in the rear, where they receive professional and all other treatment necessary."

The writer states, that from more than a year's experience in the hard-fought engagements of this army, he can affirm that he has not known wounded lie on the battlefield two hours after their injuries were received. In one instance he saw over one thousand wounded within the hospitals of our corps, two hours after the battle was over. There is one feature of this plan that must be insisted upon, whatever other details may be introduced, and that is, the ambulance corps must be composed of enlisted men, and must be under the strictest military discipline. No mere civilians can form any part of this corps with safety. The writer above quoted says:—

"I beg to assure men now interested in devising an ambulance system, that any scheme of theirs which will place men in an ambulance corps, not subservient to the strictest military rule, not bound to march as soldiers under fire, with their regiments, will prove a failure. Remove once from officers and men of this corps the conviction that



they are soldiers, bound to share the dangers of their comrades in a fight, and the whole scheme—no matter how perfect in form and organization—will prove a disastrous failure, at the very critical time of battle."

Since writing the above we have seen the bill introduced into the Senate by the Chairman of the Military Committee, which is in its main features a transcript of the order of GEN. MEADE. It is of the utmost importance that this should become a law. The ambulance system of the Army of the Potomac, which has proved so serviceable, will then be extended to every army corps. Humanity and simple justice to those brave men who fall helpless upon the battle-field demand the enactment of this measure. It is a matter that concerns every loyal citizen, but to the medical profession we have a right to make an especial appeal. The efficiency of the Medical Staff in their mission of life-saving depends upon a perfect ambulance system. Let the profession in civil life use their efforts to secure this advantage to their brethren in the army. Petitions should be freely circulated and sent to Congress, and every proper influence should be brought to bear upon individual members. With united effort the bill can be carried through Congress, and when the spring campaign begins, each army corps may have its ambulance corps thoroughly organized.

#### VENTILATION IN IRON-CLADS.

MONITORS and iron-clad gun-boats have undoubtedly rendered the American navy more formidable than the combined fleets of all other nations. But those hermetically armored engines of war and naval power must be more effectually ventilated, or there will be a fearful and needless sacrifice of human life in the crews that man them. The suggestions made by our Washington correspondent, in this number of the TIMES, demand immediate consideration by the proper officers of the government. We like our correspondent's suggestion, that the *vacuum* or exhaustive method of ventilation be adopted. Why will not that writer seek a temporary release from other duties until he can devise and introduce the very improvement he suggests? We have a naval force of nearly sixty thousand men, and to secure the needed improvements of ventilation in our war-vessels, is sure to *diminish the rates of sickness and invaliding at least twenty-five per cent.* Patriotism and humanity should inspire some mind to undertake this work immediately.

#### REMOVAL OF SLAUGHTER-HOUSES.

MAYOR GUNTHER begins his administration of our city affairs with the recommendation that the slaughter-houses be removed from the city and island. This is one of the needed reforms in the sanitary police of New York. He says:—

"The establishment of Abattoirs, strongly urged by Mayor Woodhull in 1849, has been recently revived, and I am informed that a company is already prepared to offer a plot in the Nineteenth Ward to the City to be occupied for the purpose. I am opposed to locating them on the island, as its entire area must, before many years, be required for dwellings, when, if not now, the Abattoirs will be regarded a nuisance. All slaughter-houses must conform to the sanitary regulations of the city, and the occupants' own interest demands that they should not infringe such rules. The many complaints made in former years against the keeping of milch cows and dairies within the City, have

driven them beyond these limits and on the lines of railroad leading thereto. Along those roads and at a suitable distance, locations for the slaughtering of animals and the manufactories connected therewith will be found. An ordinance embodying all that is useful in the construction and regulation of the Parisian Abattoirs, with our abundant supply of water, would secure every needful reform without compelling the City to assume responsibilities best left to individual enterprise."

#### SANITARY COMPANY OF METROPOLITAN POLICE.

THE Sanitary Squad of the Metropolitan Police are the only really effective health agents of New York. They accomplish more towards the removal of the causes of disease than the entire force of the City Inspector's Department. The Police Commissioners give the following summary of the operations of this Squad of thirty-five men:—

"Uncleanly conditions are the chief sources of disease in a city. There are no laws of hygiene, nor any of the appliances of science that can make a filthy population healthy. The only plan to keep a metropolis healthy is expressed in these words: 'Keep it clean.' The measures of this department executed by the Sanitary Company in the interest of cleanliness and health, are exhibited in the report of the Sanitary Company, from which it appears that 20,942 cases of nuisance have been abated. 20,358 were filthy nuisances; 584 were dangerous nuisances; 20,823 were cleansed by the owners on notice from the department; 119 were cleansed by this department in default of the performance of the duty by the owner."

#### SMALL-POX IN WASHINGTON.

THE PRESIDENT of the United States has just convalesced from small-pox, but Senator BOWDEN, of Va., has succumbed to this disease. What a humiliating record is this, in the sixty-fourth year of the introduction of vaccination into general practice in this country! Here is a disease the most loathsome, contagious, and fatal in the whole catalogue, prevailing at the national capital so generally, that even the highest officials have become its subjects. This fact is a blot upon our civilization; a stigma of the most disgraceful character. But these fearful lessons will not have been given in vain if they lead to the adoption of proper measures to protect the community from the prevalence of this preventable disease. Washington is but a pest-house where small-pox and typhoid rage with undiminished virulence the year throughout. Congress should at once pass laws establishing an efficient Health Board for the District. A body of physicians and laymen acting in this capacity would soon reform the gross violations of all sanitary laws, and the Capital of the nation would be rendered a proper residence for the members of Government.

#### CENTRAL PARK HOSPITAL, NEW YORK.

By a recent order of the War Department, Assist. Surg. J. W. S. Gouley, U. S. Army, has been relieved of the charge of this hospital. We have been personally familiar with the affairs of this institution during Dr. Gouley's administration, and cannot let this occasion pass without noticing its management. In all that relates to discipline, cleanliness, economy, and efficiency in the treatment of the sick, he had rendered it a model hospital. During the first six months, there was not a case of death in the hospital, though there was a large number of very sick. The convalescence from severe wounds has always been remarkably rapid. Wasting chronic diseases, as diarrhoea, have

also recovered with but little medication. The grounds surrounding the hospital have been cultivated by the convalescents, thus affording pleasant, healthful, and profitable employment. In no hospital have the sick remained less time, for complete recovery. As at present managed, the Central Park Hospital does honor to the Medical Department of the Army.

## Correspondence.

### WASHINGTON.

#### Special Correspondence.

D. C., Dec. 29th, 1863.

THE holidays, and the inactivity of the forces in the field, again permit me to spend a few days in Washington. And I wish to say that from the first battle of the Army of the Potomac until the present day, I have never visited the national Capital and its bureaux of office without being confirmed in the opinion that the plain and unheralded honors and duties of a regimental or hospital Surgeon are far more desirable than any medical office of superior rank and note in the army. As the writer claims no special proficiency in military strategy or tactics, he is incompetent to judge of the merits of questions of military policy; but unless the army surgeon is master of the art of war, and longs to become a ministerial combatant, he certainly will find the happiest and largest sphere of professional activity and patriotic service with the forces in the field, or in the duties of a surgeon in the military general hospitals.

Having watched with peculiar interest the beginning and progress of the systematic and humane enlargement and working of the medical service of the army, the bold and manly policy that broke through all the obstacles that formerly hindered its efficiency, the administrative skill that speedily brought up the several departments of the service to a standard of sufficiency, and which created a system and administration of hospitals hitherto unequalled in any war, we may justly claim that whatever relates to the honor, the success, or the management of the army medical department, most legitimately concerns the entire medical profession of our country. And military surgeons will not cease to thank the editor of the *AMERICAN MEDICAL TIMES* for his manly and fraternal defence and advocacy of their best professional and official interests and rights.

The good fortune of meeting with intelligent medical officers of the Navy has enabled the writer to compare notes upon important questions, that relate alike to military and to naval hygiene, and to the relative status of medical officers in these two branches of national service. In this letter I will refer only to one or two of the hygienic questions. In a number of the *MEDICAL TIMES*, some time ago, you rather sharply called attention to the sanitary condition of the *Monitors* and iron-clad gun-boats. The questions to which you then solicited official attention were at that time receiving the earnest and intelligent consideration of the best men in the medical service of the navy. Loyalty to one's country, no less than official loyalty to a department of the war-power, forbids an unauthorized publication of the fearful facts upon this subject, but we hazard nothing in asserting that the *savant* or the mechanical engineer who will devise and put into successful operation a system of ventilation that will supply fresh air to the cabins, quarters, and berth-decks of the *Monitors*, at the rate of from five hundred to one thousand cubic feet per hour, to each man of the ship's company, will confer a priceless boon upon the crews and officers of those new war-vessels, and at the same time will do his country a patriotic service scarcely inferior to that rendered by the renowned Ericsson himself.

Only think of the sanitary prospects of eighty or a hundred men shut up in a submerged iron encasement, with only about sixty-five cubic feet of air-space to each person, and that sepulchral atmosphere unchanged, except by the very imperfect process of "blowing" a feeble current from the "turret." According to our own rough estimate, each man during battle, or in a sea at all rough, when scuttles and hatches must be closed, would receive *less than two cubic feet per minute* of fresh air for respiration. Add to this the inevitable humidity and the excessive heat and darkness of the *Monitors*, and you have the elemental and inevitable causes of a fearfully high invalid-rate.

Is there no *iatro-mechanist* who will immediately devise the means for remedying this evil? We venture to offer the clue to the desired invention by saying that the ventilation must be secured upon the *vacuum* principle, or by suction of the foul air, and not by the present inoperative *plenum* or blowing method. Even for the ventilation of ordinary transport ships, the problem of effective ventilation depends mainly upon the means and certainty of *egress of foul air*. No *plenum* blowing in a *Monitor* will ever accomplish the desired result, except at the expense of the invulnerability of the war ship itself. Mr. Ericsson has provided fans in the turrets, but it is not pure fresh air they blow; and even the broken current of the impure air they do control, is sent first down to the hold, then, after feeding the furnace fires, it slowly mixes with the yet impure air of the berth-deck and officers' quarters.

Nothing is plainer than that there must be a specific method and power of *egress* for the foul air, and this fact is so well stated in a brochure just placed in our hands by the Sanitary Commission [*Medical Document S. Hints for the Control of Infectious Diseases in Camps, Transports, and Hospitals*], that we beg leave to quote a paragraph relating to this point:

"The special improvements or works for ventilation in ordinary transports, consist mainly in greatly increasing the area and the places of *egress for foul air*. This is best effected, temporarily, by increasing the area of the windows and air-shafts at the stern, and, if admissible, elsewhere. The *ingress of fresh air* is easily provided for, after establishing the channels and amount of outlet."

After showing how *egress* may be given to the foul air of a ship's decks, the author says that the methods he advises for employment in crowded transports, "will provide 1,000 cubic feet of fresh air per hour to each man, in a vessel sailing five knots an hour; but, if no special outlets are provided, even twice the number of wind-sails, all infecting, would fail even to supply at the rate of 100 cubic feet per hour." But the inventor of the *Monitors* has attempted to ventilate those remarkable gun-boats by the hopeless plan of *blowing* down through the turret, which is like blowing into a bottle through its neck.

In a future communication your readers shall have the results of some observations upon the ventilation of tents and barracks.

BELLUS.

## Army Medical Intelligence.

### U. S. SANITARY COMMISSION,

TO HIS EXCELLENCY THE PRESIDENT OF THE UNITED STATES.

SIR:—The United States Sanitary Commission authorized by the government to act as a Commission of Inquiry and Advice in respect to the Sanitary interests of the National Forces, have been for more than two years and a half close and careful students of the medical and hygienic affairs of the army. They ought to be, they are thought by the people of the United States to be, they claim to be, better acquainted with the working of the Medical Department, whose deficiencies, mistakes, and necessities, it is

their solemn duty to discover and obviate, than any other responsible body of witnesses. Trusting in their discretion, zeal, and works, the people of the loyal States have made them their almoners, to the extent of seven millions of dollars worth of Sanitary Stores, and a million of dollars in money. The disbursement of this immense charity has brought our agents into close and continual contact with the Medical Department, to whose steady and rapid improvement from the imperfect state in which we found it, to its present degree of surprising and gratifying efficiency, we are able to lend a most indisputable testimony. We attribute this immense improvement to the fact that for two years the Medical Department has been directed by Dr. W. A. Hammond, Surgeon-General; a man known to all impartial and competent judges, as thoroughly scientific, highly endowed, large-minded, and an energetic and controlling administrator. He was selected for his office solely for fitness, and in our calm and deliberate judgment, his administration has more than justified all the high hopes and expectations of those who recommended him for the place.

We hear from sources that do not permit us to doubt the fact, that cautious but systematic efforts are now making to remove Surgeon-General Hammond from office. In the name of some millions of constituents, in the name of the homes of this country, whose solicitude, liberality, and watchfulness, we represent, we respectfully and conscientiously protest against the secret tribunal, and the indirect methods, by which the good fame of the Surgeon-General has been already seriously, and we believe unjustly, aspersed. We protest, in our character of Experts, a body whose business it has been made, to inquire and advise on this very subject, that the removal of Dr. Hammond would be as serious a blow, at the lives, comfort, and efficiency of the army, as the enemy itself could inflict; that the science of the country, the humanity of its homes, and the army itself, would resent it, as a cruel wrong and an alarming error; and we feel ourselves bound, in the interests of the Soldiers in the field, and of those about to enter the service of the country, in the defence of our own principles and convictions, and in the name of the science, the charity, and the fair-mindedness of the Nation, to beg that no further steps in this direction may be taken, without a full and fair trial of Surgeon-General Hammond upon the charges alleged to have been secretly made against him.

Dec. 29, 1863.

Signed

H. W. BELLows,  
WM. H. VAN BUREN,  
WOLCOTT GIBBS,  
GEO. T. STRONG,  
C. R. AGNEW,

Standing Committee U. S. Sanitary Commission.

#### ORDERS, CHANGES, &c.

The following extensions of leave have been granted:

Surgeon A. Criswell, U.S.V., twenty days.  
Assistant Surgeon William Spencer, 23d Indiana Vols., ten days.  
Surgeon Gustavus A. Bingle, 32d New York Vols., ten days.  
Surgeon William H. Lemon, 82d Indiana Vols., ten days.  
Surgeon Lucius J. Dixon, 1st Wisconsin Vols., ten days.  
Assistant Surgeon A. H. Landis, 35th Ohio Vols., ten days.  
Surgeon I. Marcus Rice, 25th Mass. Vols., ten days.  
Assistant Surgeon A. A. Mann, 5th R.I. Cavalry, fifteen days.  
Assistant Surgeon A. C. Norris, 25th Pa. Vols., twelve days.  
Assistant Surgeon W. A. Carmichael, 2d Ohio Vols., ten days.  
Assistant Surgeon D. D. Benedict, 17th Ohio Vols., ten days.  
Assistant Surgeon Josiah L. Brown, 116th Ohio Vols., ten days.  
Assistant Surgeon Samuel E. Holzman, 38th Indiana Vols., twelve days.

Surgeon D. B. Wren, 75th Ohio Vols., ten days.

The following promotions and appointments have been recently made:

Dr. Joel Leavens, of Boston, Mass., to be Assistant Surgeon, of Volunteers.

Dr. Theodore Artand, Act. Assistant Surgeon U.S.A., to be Assistant Surgeon of Volunteers.

Dr. John B. McPherson, of Michigan, to be Surgeon, 19th U.S. Colored Troops.

Dr. Grenville M. Weeks, of New York, to be Surgeon, 3d U.S. Colored Troops.

Dr. John Elderkin, of New York, to be Assistant Surgeon, 10th U.S. Colored Troops.

Dr. Martin Phillips, of Washington, D.C., to be Assistant Surgeon, 23d U.S. Colored Troops.

Dr. John O'Donnell, of Washington, D.C., to be Assistant Surgeon, 9th U.S. Colored Troops.

Dr. Christian Miller, of Washington, D.C., to be Assistant Surgeon, 8th U.S. Colored Troops.

Dr. C. C. Tapliffe, of Massachusetts, to be Assistant Surgeon, 19th U.S. Colored Troops.

Dr. Mills O. Carter, of Massachusetts, to be Assistant Surgeon, 19th U.S. Colored Troops.

To be Hospital Stewards, U.S.A.:—

Private Francois Bruquier of Co. G, 5th Artillery, assigned to Dept. of the Gulf.

Alvin L. Ponnstone, of Fayette County, Pa.

Alfred H. Gawler, of Washington, D.C.

Thomas C. Wood, of Baltimore, Md.

August F. Pletzer, of Columbus, Ohio.

Jacob Bolard, of Crawford County, Pa.

Lindsay Jack, of Philadelphia, Pa.

George A. Herbert, of Chester, Pa.

John T. Wilson, of New York.

John P. Zane, of Philadelphia, Pa.

Private Oscar Jacoby, Co. E, 2d Artillery.

Lieutenant Colonel William H. Mussey, Medical Inspector, U.S.A., has been granted permission to visit Washington City.

The following named Hospital Stewards, U.S.A., will proceed without delay to Santa Fé, N.M., and report in person for duty to Surgeon O. M. Bryan, U.S.V., Medical Director:

Thomas Reed, Arthur W. Moore, John C. Russell, A. H. Johnson, Augustus Flynn, John A. Holton, Charles H. Thomas, A. C. Waterman, Charles Enfield, and George S. Boyle.

Surgeon Calvin Skinner, 106th New York Vols., having tendered his resignation, has been honorably discharged the service of the United States.

Medical Cadet John C. Minor, U.S.A., has been relieved from duty in the Army of the Cumberland, and will report in person without delay to the Commanding General, Department of the Squeechannah, for assignment to duty in one of the General Hospitals at Philadelphia, Pa.

So much of Special Orders No. 445, October 5, 1863, as dismissed Surgeon James C. Fisher, U.S.V., from the service of the United States, has been revoked, and he has been reinstated in his former position, with pay from the date of dismissal.

Upon the recommendation of a Board of Officers convened by Special Orders No. 294, July 8, 1863, from the War Department, Surgeon William H. Gominger, 16th Pennsylvania Cavalry, has been honorably discharged the service of the United States.

Surgeon Lewis A. Edwards, U.S.A., in charge of Lowell Hospital, Portsmouth Grove, E.I., has received thirty days leave, on account of ill health.

The Assistant Surgeon-General has ordered the closure of the Lawson General Hospital, at St. Louis, Mo.

Second Assistant Surgeon Albert L. Mitchell, 37th Massachusetts Volunteers, having tendered his resignation while under charges of cowardice, misbehavior in the presence of the enemy, and disobedience of orders, has, by direction of the President, been dishonorably discharged the service of the United States, with loss of all pay and allowances, now due, or that may become due him.

So much of Special Orders 419, current series, from the War Department, as honorably discharged Assistant-Surgeon Alexander Collier, 24th Michigan Vols., on account of physical disability, and for absence without leave, is so amended as to omit the charge of absence without leave.

Hospital Steward Edwin A. Calder, U.S.A., has been honorably discharged the service of the United States, with a view to his acceptance of a commission as 2d Lieutenant 8d Rhode Island Cavalry.

The leave of absence heretofore granted Assistant-Surgeon A. V. Ketchum, 88d New York Vols., has been extended ten days.

Surgeon D. G. Brinton, U.S.V., has been assigned to duty as Medical Director, 11th Army Corps, Army of the Cumberland.

Assistant-Surgeon James Laing has been relieved from duty at the Draft Rendezvous, Bridgeport, Conn., and has resumed his duty at Lowell Hospital, Portsmouth Grove, E. I.

Surgeon G. H. Oliver, U.S.V., has arrived at Santa Fé, N. M., and is waiting assignment.

Dr. N. S. Saxton, of Brooklyn, N. Y., has been appointed Assistant-Surgeon of the 23d regiment U.S. Colored Troops.

Clark Van Deusen, of New Brunswick, N. J., Moses E. Woodard, of Washington, D. C., and Joshua S. Taylor, of Philadelphia, Pa., have been appointed Hospital Stewards, U.S.A.

By Special Orders No. 114, Vicksburg, Miss., issued by Adjutant-General Thomas, December 1, 1863, Surgeon D. O. McCord, 9th Louisiana Vols., of African descent, has been announced as Medical Director and Inspector of Freedmen in camps and on plantations within the Department of the Tennessee and the State of Arkansas. All Medical officers having charge of camps or hospitals for Freedmen will make all their reports and returns through the Medical Director of Freedmen at such times as he may designate, and other regulations that he may prescribe will be promptly complied with, subject to the approval of Colonel John Eaton, Jr., Superintendent of Freedmen. Surgeon McCord, as Medical Director of Freedmen, is empowered to contract with citizen physicians, when necessary, under the same restrictions as the Medical Director of an army corps; to approve "requisitions for hospital supplies," "pay-rolls of hospital attendants," and enforce such orders as will ensure perfect order throughout his Department. This order has no reference to the colored soldiers in the service of the United States, excepting the regiments raised by Colonel Eaton to guard labor of Freedmen in camps and on plantations.

Surgeon Lewis A. Edwards, U.S.A., now in charge of the Lowell General Hospital, at Portsmouth Grove, E. I., is assigned to temporary duty as a member of the Army Retiring Board, now in session at Wilmington, Delaware, to relieve Surgeon Charles Sutherland, U.S.A.

So much of Special Orders No. 431, September 28, 1863, from the War Department, as accepted the resignation of Hospital Chaplain Frederick H. Wines, U.S.A., has been revoked.

Permission to visit Washington city, for the purpose of attending the meeting of the National Academy of Sciences, of which he is a member, is granted Medical Inspector John L. Le Conte, U.S.A.



COMMUNICATIONS HAVE BEEN RECEIVED FROM:—DR. ELIPHALET PLATT, Rhinebeck, N. Y.; DR. JULIUS HOMBERGER, New York; DR. E. P. BENNETT, Danbury, Conn.; DR. J. MARTIN, New York.

PUBLICATIONS RECEIVED.—Appendix to the Provost-Marshal General's Report; Records of the Eleventh Annual Meeting of the Maine Medical Association; Death: its Economy and Beneficence, an address delivered before the Medical Class of the University of Connecticut by Prof. SECKLEY; Medical Logic, a Lecture to the Medical Department of the University of Michigan, by Prof. ARMOR.

## DIED.

MAESU.—At Kalamazoo, Mich., Nov. 17, CHARLES P. MAESU, M.D., aged 35 years.

MAXWELL.—At Johnston, Fulton Co., N. Y., SAMUEL MAXWELL, M.D., aged 80 years.

DELISLE.—At Montreal, Dec. 4, ALEXANDER WILLIAM ARTHUR DELISLE, M.D., aged 32 years.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

## Abstract of the Official Report.

From the 28th day of December, 1863, to the 4th day of January, 1864.

Deaths.—Men, 113; women, 168; boys, 187; girls, 118; total, 476. Adults, 221; children, 255; males, 250; females, 226; colored, 9. Infants under two years of age, 153. Children born of native parents, 29; foreign, 202.

Among the causes of death we notice:—Albuminuria, 0; apoplexy, 4; infantile convulsions, 29; erup., 21; diphtheria, 16; scarlet fever, 0; typhus and typhoid fevers, 18; consumption, 75; small-pox, 1; measles, 1; dropsy in head, 11; infantile marasmus, 20; cholera, 2; cholera infantum, 0; inflammation of brain, 15; of bowels, 9; of lungs, 54; bronchitis, 10; erysipelas, 2; diarrhoea and dysentery, 16. 254 deaths occurred from acute diseases, and 40 from violent causes. 312 were native, and 164 foreign; of whom 105 came from Ireland; 57 died in the City Charities; of whom 15 were in Bellevue Hospital, and 10 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec. 1863.	SIX A.M.				TWO P.M.				TEN P.M.						
	Minimum Temperature.	Maximum Temperature.	Evaporation Below.	Barometer.	Wind.	Minimum Temperature.	Maximum Temperature.	Evaporation Below.	Barometer.	Wind.	Minimum Temperature.	Maximum Temperature.	Evaporation Below.	Barometer.	Wind.
Jan. 1864.	°	°				°	°				°	°			
27th.	27.30	1.30	20	N.E.	84	1.30	11	N.E.	80	1.30	0.04	N.E.			
28th.	25.29	0.01			38	3/8	29.80				29.61				
29th.	31.31	2.29	70	W.	40	4	71	W.	36	3	94	W.			
30th.	30.32	2.30	10	Fog.	35	6	30.14	S.W.	34	3	30.17				
31st.	28.28	2.29		N.E.	41	4	17	N.E.	34	1	04	N.E.			
1st.	10.40	2.29	31	Fog.	48	4	29.51	W.	15	4	29.74	N.W.			
2d.	2.3	2.30	0.1	N.W.	14	3	30.14		8	2	30.17				

REMARKS.—27th. Sleet and rain A.M.; cloudy P.M. 28th. Rain storm all day. 29th. Clear. 30th. Clear. 31st. Cloudy; snow after 4 P.M.; rain all night. 1st. Warm rain early; variable midday; evening clear, with cold high wind. 2d. Clear, wind fresh.

## Medical Department of the University of Vermont.

The next Annual Course of Lectures will commence the last Thursday, being the 25th, of February, 1864, and will continue sixteen weeks.

## Medical Faculty.

REV. JOSEPH TORREY, D.D., President.

SAMUEL WHITE THAYER, Jr., M.D., Burlington, Prof. of General and Special Anatomy.

WALTER CARPENTER, M.D., Burlington, Prof. of the Theory and Practice of Medicine and Materia Medica.

DAVID S. CONANT, M.D., New York, Professor of the Principles and Practice of Surgery.

JOSEPH PERKINS, M.D., Castleton, Prof. of Obstetrics and Diseases of Women and Children.

STEPHEN ROGERS, M.D., Lecturer on Physiology and Pathology.

HENRY M. SETLEY, M.D., South Onondaga, N.Y., Prof. of Chemistry and Toxicology.

EDWARD B. NIMS, A.B., Demonstrator of Anatomy.

S. W. THAYER, Jr., Burlington.

Dean of Medical Faculty.

## Conditions of Membership.

At the commencement of the Session every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

Fees.—Matriculation, \$3.00; Dean's Certificate (entitling the holder to the Tickets of each Professor), \$50.00; Graduation, \$18.00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10.00. Graduates of this and other regular Medical Schools are invited to attend the Lectures, free of charge.

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## BOWDOIN COLLEGE.

## MEDICAL DEPARTMENT.

The 44th Annual Course of Lectures in the Medical School of MAINE, at Bowdoin College, will commence February 26th, and continue sixteen weeks. Circulars containing full information can be had on application to the Secretary, at Williamstown, Mass., or to B. S. Conant, M.D., 27 East 24th street, New York.

P. A. CHADBOURNE, M.D.,  
Secretary.

Brunswick, October 9, 1863.

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